MERCY RESIDENTIAL & REHABILITATION CENTER

2727 WEST MITCHELL STREET

MILWAUKEE	53215	Phone: (414) 383-3699)	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	60	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	60	Average Daily Census:	59

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03)							
Home Health Care No		Primary Diagnosis	8	Age Groups	%		23.3		
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0.0	Under 65	10.0	1 - 4 Years More Than 4 Years	11.7		
Day Services	No	Mental Illness (Org./Psy)	1.7		21.7	·			
Respite Care	No	Mental Illness (Other)	1.7		35.0	I	71.7		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31.7	********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	1.7 95 & Over		1.7				
Congregate Meals No		Cancer	5.0			Marcing coarr per recordence			
Home Delivered Meals	No	Fractures	18.3		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	11.7	65 & Over	90.0				
Transportation	No	Cerebrovascular	11.7			RNs	9.2		
Referral Service	No	Diabetes	5.0	Gender	용	LPNs	11.5		
Other Services	Yes	Respiratory	13.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	30.0	Male	40.0	Aides, & Orderlies	39.6		
Mentally Ill	No			Female	60.0				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			Family Care		:	Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	289	20	90.9	119	6	100.0	138	9	100.0	176	0	0.0	0	1	100.0	425	50	83.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				2	9.1	87	0	0.0	0	0	0.0	0	8	100.0	87	0	0.0	0	10	16.7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		22	100.0		6	100.0		9	100.0		8	100.0		1	100.0		60	100.0

Admissions, Discharges, and Deaths During Reporting Period	i					d Activities as of 12/	
south suring Reporting Porrow	i				% Needing		Total
Percent Admissions from:	į	Activities of	9	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.3		36.7	55.0	60
Other Nursing Homes	5.8	Dressing	10.0		36.7	53.3	60
Acute Care Hospitals	91.3	Transferring	23.3		38.3	38.3	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		41.7	38.3	60
Rehabilitation Hospitals	0.0	Eating	46.7		25.0	28.3	60
Other Locations	0.7	* * * * * * * * * * * * * * * * * * * *	*****	*****	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	138	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Exterr	al Catheter	16.7	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	39.0	Occ/Freq. Incontiner	t of Bladder	41.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	it of Bowel	45.0	Receiving Suct	ioning	3.3
Other Nursing Homes	10.3				Receiving Osto	my Care	11.7
Acute Care Hospitals	19.1	Mobility			Receiving Tube	Feeding	5.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.3	Receiving Mech	anically Altered Diets	36.7
Rehabilitation Hospitals	0.0						
Other Locations	7.4	Skin Care			Other Resident C	haracteristics	
Deaths	24.3	With Pressure Sores		8.3	Have Advance D	irectives	100.0
Total Number of Discharges	1	With Rashes		1.7	Medications		
(Including Deaths)	136				Receiving Psyc	hoactive Drugs	76.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	84.7	1.16	88.1	1.12	86.6	1.14	87.4	1.12
Current Residents from In-County	98.3	81.8	1.20	88.7	1.11	84.5	1.16	76.7	1.28
Admissions from In-County, Still Residing	21.7	17.7	1.23	20.6	1.05	20.3	1.07	19.6	1.11
Admissions/Average Daily Census	233.9	178.7	1.31	189.9	1.23	157.3	1.49	141.3	1.66
Discharges/Average Daily Census	230.5	180.9	1.27	189.2	1.22	159.9	1.44	142.5	1.62
Discharges To Private Residence/Average Daily Census	89.8	74.3	1.21	75.8	1.19	60.3	1.49	61.6	1.46
Residents Receiving Skilled Care	83.3	93.6	0.89	94.9	0.88	93.5	0.89	88.1	0.95
Residents Aged 65 and Older	90.0	84.8	1.06	91.0	0.99	90.8	0.99	87.8	1.03
Title 19 (Medicaid) Funded Residents	36.7	64.1	0.57	48.6	0.75	58.2	0.63	65.9	0.56
Private Pay Funded Residents	15.0	13.4	1.12	30.8	0.49	23.4	0.64	21.0	0.72
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	3.3	32.2	0.10	31.3	0.11	33.5	0.10	33.6	0.10
General Medical Service Residents	30.0	20.8	1.44	24.1	1.24	21.4	1.41	20.6	1.46
Impaired ADL (Mean)	61.0	51.8	1.18	48.8	1.25	51.8	1.18	49.4	1.23
Psychological Problems	76.7	59.4	1.29	61.9	1.24	60.6	1.26	57.4	1.34
Nursing Care Required (Mean)	8.3	7.4	1.13	6.8	1.22	7.3	1.15	7.3	1.14